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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

100/6630

| CLAIMS AS FILED - PART I                                                              |                                                                                                                                                                                                                                                                                                                     |                                           |                           |                               |                         |                                                  |   |                     | SMALL ENTITY           |      | OTHER THAN   |                        |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------|-------------------------------|-------------------------|--------------------------------------------------|---|---------------------|------------------------|------|--------------|------------------------|
|                                                                                       |                                                                                                                                                                                                                                                                                                                     | - n                                       | (Column 1)                |                               | (Column 2)              |                                                  |   | TYPE                |                        | OR   | SMALL ENTITY |                        |
| TOTAL CLAIMS 87                                                                       |                                                                                                                                                                                                                                                                                                                     |                                           |                           |                               |                         | as antition a militarion plana or simple princip |   | RATE                | FEE                    |      | RATE         | FEE                    |
| FOR                                                                                   |                                                                                                                                                                                                                                                                                                                     |                                           | NUMBER FILED              |                               | NUMBER EXTRA            |                                                  |   | BASIC FEE           | 370.00                 | OR   | BASIC FEE    | 740.00                 |
| TOTAL CHARGEABLE CLAIMS                                                               |                                                                                                                                                                                                                                                                                                                     |                                           | minus 20=                 |                               | * 67                    |                                                  | • | X\$ 9=              | 603                    | OR   | X\$18=       |                        |
| INDEPENDENT CLAIMS                                                                    |                                                                                                                                                                                                                                                                                                                     |                                           | minus 3 =                 |                               | * 6                     |                                                  |   | X42=                | 252                    | OR   | X84=         |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                      |                                                                                                                                                                                                                                                                                                                     |                                           |                           |                               |                         |                                                  |   | +140=               |                        | OR   | +280=        |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |                                                                                                                                                                                                                                                                                                                     |                                           |                           |                               |                         |                                                  |   | TOTAL               |                        | OR   | TOTAL        |                        |
| CLAIMS AS AMENDED - PART II                                                           |                                                                                                                                                                                                                                                                                                                     |                                           |                           |                               |                         |                                                  |   | •                   |                        |      | OTHER        | THAN                   |
| (Column 1)                                                                            |                                                                                                                                                                                                                                                                                                                     |                                           | (Colur                    |                               |                         |                                                  |   | SMALL               | ENTITY                 | OR   | SMALL        | ENTITY                 |
| AMENDMENT A                                                                           |                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                           | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY            | PRESENT<br>EXTRA                                 |   | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE         | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                                                                                                                                                                                                                                                                                               | *                                         | Minus                     | **                            |                         | =                                                |   | X\$ 9=              |                        | OR   | X\$18=       |                        |
|                                                                                       | Independent                                                                                                                                                                                                                                                                                                         | *                                         | Minus                     | ***                           | T CL AIM                | <u>                                     </u>     | 4 | X42=                |                        | OR   | X84=         |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                        |                                                                                                                                                                                                                                                                                                                     |                                           |                           |                               |                         |                                                  |   | +140=               |                        | OR   | +280=        |                        |
|                                                                                       |                                                                                                                                                                                                                                                                                                                     |                                           |                           |                               |                         |                                                  |   | TOTAL<br>ADDIT. FEE |                        | OR   | TOTAL        |                        |
| (Column 1) (Column 2) (Column 3)                                                      |                                                                                                                                                                                                                                                                                                                     |                                           |                           |                               |                         |                                                  |   |                     |                        |      | ADDIT. FEE   |                        |
|                                                                                       |                                                                                                                                                                                                                                                                                                                     | CLAIMS                                    |                           | HIG                           | HEST                    |                                                  | ጎ |                     | ADDI-                  |      |              | ADDI-                  |
| AMENDMENT B                                                                           |                                                                                                                                                                                                                                                                                                                     | REMAINING<br>AFTER<br>AMENDMENT           |                           | PREVI                         | MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA                                 |   | RATE                | TIONAL                 |      | RATE         | TIONAL                 |
|                                                                                       | Total                                                                                                                                                                                                                                                                                                               | *                                         | Minus                     | **                            |                         | =                                                |   | X\$ 9=              |                        | OR   | X\$18=       |                        |
|                                                                                       | Independent                                                                                                                                                                                                                                                                                                         | *                                         | Minus                     | ***                           |                         | =                                                |   | X42=                |                        | OR   | X84=         |                        |
|                                                                                       | FIRST PRESE                                                                                                                                                                                                                                                                                                         | NTATION OF M                              | ULTIPLE DEF               | ENDEN                         | I CLAIM                 | <u> </u>                                         | J | +140=               | -                      | OR   | +280=        |                        |
|                                                                                       |                                                                                                                                                                                                                                                                                                                     |                                           |                           |                               |                         |                                                  |   | TOTAL<br>ADDIT. FEE |                        | OR   | TOTAL        |                        |
|                                                                                       |                                                                                                                                                                                                                                                                                                                     |                                           |                           |                               |                         |                                                  |   |                     |                        | 1011 | ADDIT. FEE   |                        |
| _                                                                                     |                                                                                                                                                                                                                                                                                                                     | (Column 1) CLAIMS                         | the state of the state of |                               | ımn 2)<br>HEST          | (Column 3                                        | 4 |                     |                        |      |              | I                      |
| AMENDMENT C                                                                           |                                                                                                                                                                                                                                                                                                                     | REMAINING<br>AFTER<br>AMENDMENT           |                           | PREV                          | MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA                                 |   | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE         | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                                                                                                                                                                                                                                                                                               | *                                         | Minus                     | **                            |                         | =                                                | 1 | X\$ 9=              | ,                      | OR   | X\$18=       | , , , , ,              |
|                                                                                       | Independent                                                                                                                                                                                                                                                                                                         | *                                         | Minus                     | ***                           |                         | =                                                |   | X42=                |                        | 1    | X84=         |                        |
|                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                      |                                           |                           |                               |                         |                                                  |   | 7.72-               |                        | OR   | 104-         |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                                                                                                                                                                                                                                                                                     |                                           |                           |                               |                         |                                                  |   |                     |                        | OR   | +280=        |                        |
| **                                                                                    | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                           |                           |                               |                         |                                                  |   |                     |                        |      |              |                        |